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Childhood Asthma Hospitalizations — King County, Washington, 1987–1998

Since 1980, asthma prevalence, hospitalization, and mortality have been increasing in the United States (*1*). Because of concern about asthma morbidity in children in King County, Washington (*2*), Public Health–Seattle and King County (PH-SKC) conducted a study that analyzed trends in local hospitalizations for childhood asthma during 1987–1998. This report summarizes the results of this analysis, which indicate that the youngest children and the poorest communities have the highest rates of asthma hospitalization.

Nonconfidential data on all hospital discharges among persons aged 1–17 years for 1987–1998 were obtained from the Washington State Department of Health. Asthma hospitalizations were those discharges with an *International Classification of Disease-Clinical Modification (ICD-CM), Ninth Revision*, code 493*. If a child had been hospitalized more than once during any year, each hospitalization was counted. Population estimates for the study were provided by the Washington State Department of Social and Health Services for intercensal years and the U.S. Census Bureau for 1990; study data were analyzed by poverty status, county health planning area (HPA), and age group (i.e., 1–4, 5–9, and 10–17 years). Using the postal code of residence and U.S. Census Bureau data, poverty status strata were <5%, 5%–9%, and ≥10% of the population living below the federal poverty level†. The 20 HPAs were defined by aggregating postal codes (*3*).

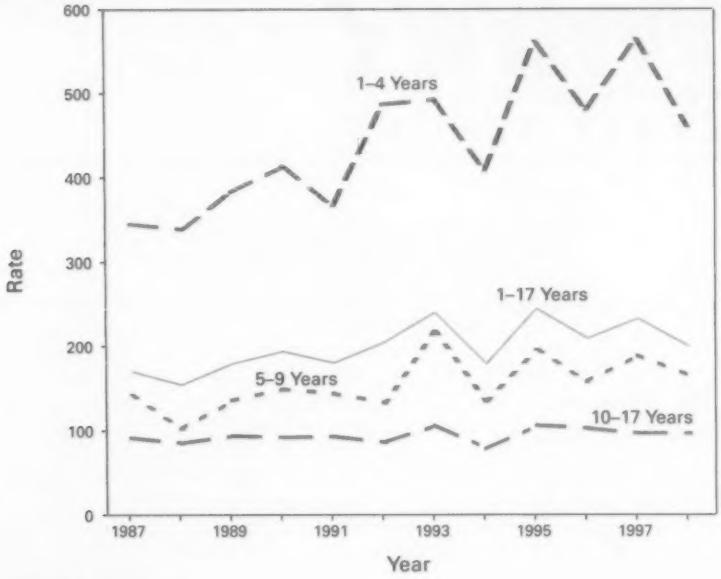
Trends during 1987–1998 were evaluated with a chi-square test for trend (*4*). A simple chi-square was calculated using Epi Info 6.0 (*5*) to compare subpopulation rates and to adjust for multiple hospital admissions in certain children (*6,7*). Results were considered significant if $p<0.05$. Subpopulation comparisons were made using 1998 data; 3-year average rates (1996–1998) were calculated to increase the stability of rates in HPAs with small populations.

During 1987–1998 in King County, childhood asthma admissions increased 53% (from 505 to 772 children), and overall childhood hospitalization rates for asthma increased 17% (from 170 to 200 per 100,000 children) ($p<0.001$) (Figure 1). During this period, the rate for all nonbirth-related childhood hospitalizations decreased 28%, from 2689 to 1931 per 100,000 children. In 1998, for children aged 1–4 years, the hospitalization rate for asthma was 2.8 times higher than the rate for children aged 5–9 years (461 versus 164; $p<0.001$) and 4.8 times higher than the rate for children aged 10–17 years (97;

*Includes extrinsic, intrinsic, and unspecified asthma.
† Poverty thresholds from the Bureau of the Census, Economics and Statistics Administration, U.S. Department of Commerce were used for this calculation.

Childhood Asthma — Continued

FIGURE 1. Hospitalization rates* for asthma among children aged 1–17 years, by age group — King County, Washington, 1987–1998



*Per 100,000 children.

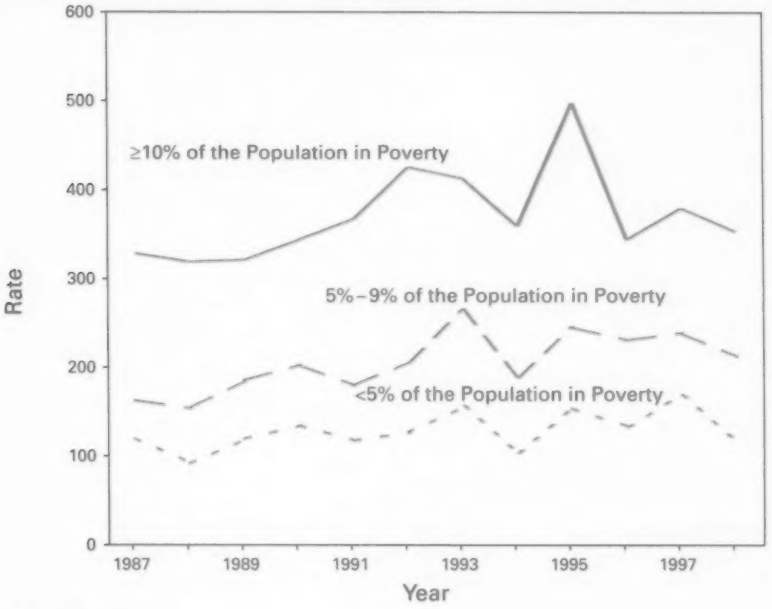
p<0.001) (Figure 1). The hospitalization rate for children aged 5–9 years was 1.7 times higher than the rate for those aged 10–17 years (164 versus 97; p<0.001). During 1987–1998, the hospitalization rates for asthma increased 34% among children aged 1–4 years and 17% among children aged 5–9 years (Figure 1) (p<0.001); children aged 10–17 years showed no significant trend during this period.

Hospitalization rates for asthma among children residing in areas where poverty was greatest were significantly higher than rates among children residing in other areas (Figure 2). In 1998, among children in the county's high-poverty areas, 353 per 100,000 asthma hospitalizations occurred, which was 1.7 times the rate in medium-poverty areas (212; p<0.001), and 3.0 times the rate for residents in areas with the lowest poverty (119; p<0.001). During 1987–1998, rates for the low-poverty and medium-poverty areas increased significantly (Figure 2) (p<0.01). Asthma-related hospitalization rates also increased significantly for the high-poverty areas during 1987–1995 (p=0.011) but decreased from 1995 to 1998 (p=0.008).

During 1996–1998, hospitalization rates varied significantly among HPAs (p<0.001). The rates for central and southeast Seattle HPAs, adjacent to Seattle's urban center, were not significantly different from each other but were significantly different from the

Childhood Asthma — Continued

FIGURE 2. Hospitalization rates* for asthma among children aged 1–17 years, by poverty level of residential postal code — King County, Washington, 1987–1998



*Per 100,000 children.

HPAs in the rest of the county. The rate in the aggregated central and southeast HPA area (512 per 100,000) was 2.7 times the rate in the rest of the county (191 per 100,000; $p<0.001$). The central and southeast Seattle HPA area also had the highest proportion of residents living below the poverty level (22% in central and southeast Seattle compared with 7% in the rest of the county) and the highest proportion of blacks (31% compared with 3%) and Asians/Pacific Islanders (28% compared with 9%).

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Editorial Note: The extent of asthma morbidity is estimated with various measures, including data from surveys, outpatient visits, hospital discharges, and emergency department visits. Local hospitalization data have the advantage of wide availability and the capacity for analysis by age groups, geographic regions and, in some states, race/ethnicity. Hospital discharge rates also may be a persuasive measure for communities seeking to reduce the burden of asthma. The reasons for the increase in childhood asthma hospitalizations in King County are unclear; however, they may be related to an increased prevalence of asthma or increasing severity of asthma in this area.

Childhood Asthma — Continued

A higher rate of asthma hospitalizations in King County occurred among children residing in poor neighborhoods, although the risk has increased for all King County children. A recent analysis of asthma hospitalizations in New York City also found a correlation between low median family income and increased asthma hospitalization rates (*8*).

The findings in this report are subject to at least five limitations. First, the analysis by neighborhood poverty level depended on postal code poverty levels reported from the 1990 U.S. census. If the poverty level of postal codes has changed, postal codes may have been assigned to a poverty category that did not reflect their current status. Second, poverty level was assigned ecologically and may not reflect a person's status. Third, geographic groupings were based on reported postal code. Because no other address data were available, erroneously reported postal codes may lead to misclassification by either poverty level or HPA. Fourth, race/ethnicity differences that may be independent of poverty status in asthma hospitalization may account for some findings (*1*). Finally, patients who received effective treatment in a primary-care setting may be less likely to be hospitalized, thus underestimating asthma severity and morbidity.

The use of local hospitalization data has helped to mobilize institutional and community-based support and interventions and has directed them to areas of greatest need. In response to the asthma problem identified in this area, the King County Asthma Forum was created by PH-SKC and the American Lung Association of Washington to facilitate communication among community-based organizations about asthma prevention, diagnosis, and management. PH-SKC, the Master Home Environmentalist Program, the University of Washington, the Washington Toxics Coalition, and other partners have implemented Healthy Homes, an intervention and evaluation project whose goal is to reduce exposure to indoor asthma triggers among 300 low-income households of children with asthma (*9*). On the basis of data from this report, in central and southeast Seattle, PH-SKC has collaborated with a neighborhood pediatric clinic to fund the Asthma Outreach Project (*10*) that provides comprehensive case management for children with asthma.

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Self-Reported Concern About Food Security — Eight States, 1996–1998

Food security is defined as having access at all times to enough food for an active, healthy lifestyle (*1,2*). This definition implies that safe and nutritious foods are available and that household resources are sufficient to meet cost. Recognition that hunger and food security are problems in the United States led to the development and implementation of measures of hunger and food security on national surveys. One of the national health objectives for 2010 is to increase food security and reduce the risk for hunger among all households (objective 19-18) (*1*). To characterize state-level prevalence of concern about food security, data were analyzed for the eight states that used the Social Context Module of the Behavioral Risk Factor Surveillance System (BRFSS) during 1996–1998. This report summarizes the results of this analysis and indicates that approximately 4%–6% of adults reported a concern about having enough food for themselves or their family during the preceding month.

BRFSS is an ongoing, state-based, random-digit–dialed telephone survey of the civilian, noninstitutionalized U.S. population aged ≥18 years. A question on concern about food security was part of the Social Context Module, which states may choose to use in addition to the core BRFSS questionnaire. Maryland, Montana, Pennsylvania, and Virginia used this module in 1996 (n=11,485); Kansas, Louisiana, Maryland, South Carolina, and Virginia in 1997 (n=11,487); and Missouri and Virginia in 1998 (n=7100). Respondents were asked, "In the past 30 days, have you been concerned about having enough food for you or your family?" For this report, an answer of "yes" to this question was considered an indication of concern about food security. Sample estimates were weighted by sex, age, and race/ethnicity to reflect the state's noninstitutionalized civilian population, and all prevalence estimates were reported by year of data collection. To account for the complex sampling design, SUDAAN was used for data analysis.

Overall, the prevalence of a concern about food security was 6.0% in 1996, 6.2% in 1997, and 4.6% in 1998 and ranged from 3.1% to 9.4% for individual states (Table 1). This concern was higher among women than men and was highest among persons aged 18–34 years. It was lowest among non-Hispanic whites and among persons who were married, and highest among persons who were divorced or separated or who were never married. Concern about food security increased as the number of children in the household increased; this finding was consistent when stratified by the age of the children (<5, 5–12, and 13–17 years).

Responses to the BRFSS question varied by health and nutrition indicators. Concern about food security was highest among those whose self-reported general health was fair or poor, those with 25–30 days of physical or mental health that were "not good" during the preceding month, and among those who reported lower intake of fruits and vegetables. The prevalence of concern about food security decreased as education level, annual household income, and time spent at current residence increased. The prevalence was highest among unemployed persons and lowest among retired persons.

Food Security — Continued

TABLE 1. Prevalence of self-reported concern about food security among persons aged ≥18 years during the 30 days preceding the survey, by selected characteristics — Behavioral Risk Factor Surveillance System, eight states, 1996–1998

Characteristic	1996			1997			1998		
		Concern about food security			Concern about food security			Concern about food security	
	No.*	%	(95% CI†)	No.	%	(95% CI)	No.	%	(95% CI)
State									
Kansas	—§	—	—	1,916	3.1	(±0.8)	—	—	—
Louisiana	—	—	—	1,647	9.4	(±1.7)	—	—	—
Maryland	4,405	4.3	(±0.8)	2,323	4.0	(±1.0)	—	—	—
Missouri	—	—	—	—	—	—	3,646	5.3	(±1.0)
Montana	1,802	6.9	(±1.3)	—	—	—	—	—	—
Pennsylvania	3,390	6.6	(±1.0)	—	—	—	—	—	—
South Carolina	—	—	—	2,155	5.9	(±1.2)	—	—	—
Virginia	1,888	6.1	(±1.3)	3,446	6.2	(±1.7)	3,454	4.1	(±1.0)
Age (yrs)									
18–34	3,198	7.9	(±1.3)	3,286	8.3	(±1.3)	1,966	5.7	(±1.7)
35–54	4,709	5.9	(±0.9)	4,576	6.1	(±1.4)	2,798	4.7	(±0.9)
55–74	2,681	4.0	(±1.1)	2,673	4.2	(±1.0)	1,694	3.6	(±1.2)
≥75	827	4.7	(±2.3)	859	2.7	(±1.3)	614	2.0	(±1.2)
No. children in household									
0	7,144	4.5	(±0.7)	7,382	5.0	(±0.7)	4,333	3.7	(±0.8)
1	1,692	7.9	(±1.7)	1,779	7.3	(±2.7)	1,147	5.7	(±1.7)
≥2	2,607	8.9	(±1.6)	2,292	8.7	(±1.6)	1,604	5.9	(±1.7)
General health									
Excellent or very good	6,889	4.5	(±0.7)	6,763	4.3	(±1.0)	3,926	2.4	(±0.6)
Good	3,083	7.2	(±1.3)	3,036	7.4	(±1.3)	2,021	6.8	(±1.9)
Fair or poor	1,490	10.5	(±2.0)	1,647	12.1	(±2.3)	1,132	9.4	(±2.1)
No. days physical health not good									
0	7,922	4.9	(±0.7)	8,012	5.1	(±0.9)	4,578	3.6	(±0.9)
1– 6	2,023	6.6	(±1.4)	1,940	6.1	(±1.5)	1,330	4.6	(±1.4)
7–24	724	9.6	(±3.0)	755	8.8	(±2.3)	549	8.1	(±2.5)
25–30	627	12.2	(±3.4)	573	14.3	(±4.1)	493	11.2	(±3.4)
No. days mental health not good									
0	8,063	4.3	(±0.7)	8,581	4.5	(±0.8)	4,635	3.1	(±0.8)
1– 6	1,929	7.0	(±1.5)	1,532	6.8	(±1.7)	1,317	4.2	(±1.2)
7–24	788	11.3	(±2.8)	730	12.3	(±3.3)	618	10.0	(±3.3)
25–30	519	17.0	(±4.2)	468	20.4	(±4.9)	381	15.7	(±4.6)
Fruit and vegetable servings per day									
≥5	2,833	3.8	(±0.9)	2,193	4.6	(±1.4)	1,720	3.3	(±1.4)
3–<5	4,820	5.1	(±0.9)	3,182	4.4	(±1.8)	2,796	3.8	(±1.0)
1–<3	3,465	8.2	(±1.3)	2,295	7.7	(±1.6)	2,325	6.4	(±1.3)
<1	352	12.3	(±4.0)	250	12.6	(±4.6)	257	4.7	(±2.4)
Total	**11,485**	**6.0**	**(±0.6)**	**11,487**	**6.2**	**(±0.7)**	**7,100**	**4.6**	**(±0.7)**

* Numbers may not add to total because of missing data.
† Confidence interval.
§ Question was not asked for this year.

Food Security — Continued

Prevalence was higher among those who reported a time when they could not afford a doctor compared with those who could and among those whose last routine checkup was >2 years ago or never compared with those who had had a checkup during the preceding 2 years.

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Editorial Note: Despite the trend toward increasing obesity in the United States (*3*), a small proportion of the population in these eight states reported a concern about having enough food for themselves or their family during the preceding month. This concern was related to indicators of low socioeconomic status and was highest among women, younger respondents, Hispanics and non-Hispanic blacks, unmarried, divorced, or separated persons, and households with a greater number of children. However, concern about food security was not limited to these groups.

Inadequate food in a household can have deleterious health and behavioral effects (*1*) and may contribute to poor nutrition (*4–6*). Among an adult diabetic population seeking care at an urban county hospital, a high prevalence of hypoglycemic reactions was attributed to being unable to afford food (*7*). The question respondents answered in this report asked about concern over having enough food for themselves and their families, but did not ask if the respondent or their family had gone hungry at any time during the preceding month. Conceptual models of food security and hunger indicate the complexity of its measurement because of its sensitive nature and the difficulty that those experiencing hunger may have in comprehending the question (*8*). Concern about enough food can vary for individuals and households. Parents may skip meals to leave enough food for their children. The question used to assess concern about food security in this report combines individuals and households (*9*). Also, an insufficient food supply can be experienced chronically or episodically (*8*). The question used in this report assessed the time frame of the preceding month.

The findings in this report are subject to at least six limitations. First, BRFSS data are cross-sectional and may not reflect behaviors or conditions over time. This study design does not allow for examination into whether concern about food security occurred before or after the factors examined. Second, because the data were self-reported, the findings are subject to recall bias and inaccurate reporting of behaviors. Third, data are from selected states and may not represent the prevalence in other states. Fourth, the data may be affected by unmeasured confounding factors (e.g., household expenses and access to healthy food). Fifth, because of the sampling scheme, there were fewer older respondents; therefore, the prevalence for the oldest persons could not be addressed adequately. For example, in 1998, only 27 respondents aged 90–99 years were included in the analyses. Concern about enough food may increase at the oldest ages because these persons are less mobile, which could prevent access to lower-cost food stores (*10*). Finally, the study design did not allow contact with some population groups (e.g., those living on Indian reservations, homeless persons, or those without a telephone).

As state and federal governments provide social programs to meet the needs of local communities, it will be important to continue to monitor concern about food security and the population groups most affected. These data can be used to guide service planning

Food Security — Continued

and highlight the importance of the need for innovative planning, implementation, and evaluation of interventions designed to assure food security in the United States.

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Hospital-Based Policies for Prevention of Perinatal Group B Streptococcal Disease — United States, 1999

Group B streptococcus (GBS) is the leading cause of sepsis, meningitis, and pneumonia in newborns in the United States (*1*). Because intrapartum prophylactic antibiotics reduce mother-to-child GBS transmission (*2*), in 1996, CDC, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics recommended that hospitals adopt formal GBS prevention policies (*2–4*). From 1994 to 1997, the proportion of hospitals with formal intrapartum GBS prevention policies increased from 39% to 59% (*5,6*); hospitals that implemented policies reported less GBS disease among neonates (*7*). In 1999, CDC's Active Bacterial Core Surveillance (ABCs) system surveyed hospitals in eight states about their GBS prevention policies. This report summarizes the results of that analysis and indicates that in 1999, the proportion of hospitals with formal policies had not changed since 1997; however, a higher proportion of hospitals have implemented measures to improve policy compliance.

From October through December 1999, a structured questionnaire was mailed to hospitals with obstetric services in the metropolitan statistical areas of Atlanta, Georgia (n=30 hospitals; 20 counties); San Francisco, California (n=21; three counties); Albany and Rochester, New York (n=23; 15 counties); Minneapolis/St. Paul, Minnesota (n=19; seven counties); Portland, Oregon (n=13; three counties); Tennessee (n=31; five counties); and Connecticut (n=29) and Maryland (n=35). Nonrespondents were contacted by telephone or fax. Survey responses were analyzed using Epi Info 6.0. Chi-square tests were used to compare 1997 with 1999 survey responses. McNemar's test was used to

Perinatal Group B Streptococcal Disease — Continued

analyze responses from hospitals that participated in the survey in both years. Some questions were not asked in the 1997 survey; therefore, comparative data were not available.

Of the 201 hospitals surveyed in 1999, 187 (93%) responded; 117 (63%) respondents reported having a formal GBS prevention policy, and 97 (86%) of the 117 had written policies. In 1997, 177 (94%) of 189 responded; 103 (58%) of 177 reported having a formal GBS prevention policy, and 82 (80%) of 103 had written policies (Table 1). From 1997 to 1999, 27 (23%) hospitals established new policies and 22 (14%) revised their policies. Of 70 hospitals without policies, 42 (60%) encouraged health-care providers to establish their own policies, and 22 (34%) were developing an institutional policy. Hospitals with policies were larger than hospitals without policies (median births in 1998: 1432 versus 965; p=0.09), and 70 (60%) of 117 had a neonatal intensive care unit (NICU). Twelve (6.4%) of 187 hospitals that had neither a formal policy nor had addressed the issue with providers were less often affiliated with an academic institution than hospitals with policies (8% versus 44%; p=0.02) and were less likely to have a NICU (17% versus 60%; p=0.01).

TABLE 1. Characteristics of hospital-based policies on group B streptococcal (GBS) disease prevention — Active Bacterial Core Surveillance of the Emerging Infections Program Network, selected states*, 1997 and 1999

	1997			1999			
Characteristic	No. with characteristic	(%)	Total respondents	No. with characteristic	(%)	Total respondents	p-value
GBS prevention policy							
Formal policy	103	(58.2)	177	117	(62.6)	187	0.46
Written policy	82	(46.3)	177	97	(48.3)	187	0.34
Policy in development	35	(19.8)	177	22	(11.7)	187	0.03
Encourage providers to have a policy	—†	—	—	42	(22.5)	187	—
Type of policy among hospitals with policies							
Screening-based	50	(52.6)	95	62	(53.0)	117	0.96
Risk-based	36	(37.9)	95	37	(31.6)	117	0.34
Combination screening- and risk-based	—	—	—	16	(13.6)	117	—
Prenatal screening and rapid test in labor for those with negative screen	—	—	—	1	(0.9)	117	—
Policy characteristics							
Recommend penicillin	56	(59.0)	95	87	(80.0)	109	0.02§
Recommend ampicillin	34	(36.0)	95	18	(16.0)	109	0.04§
Clindamycin for penicillin allergic	—	—	—	81	(76.4)	109	—
Use selective broth media for prenatal group B streptococcal cultures	76	(47.0)	161	95	(59.0)	161	0.11§

* California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee.
† No data available.
§ McNemar's test.

Perinatal Group B Streptococcal Disease — Continued

Guidelines for GBS prevention recommended one of two strategies to identify pregnant women for intrapartum prophylactic antibiotics: a screening-based approach in which late prenatal cultures are collected and processed, or a risk-based approach in which women are evaluated during labor for obstetric risk factors (e.g., rupture of membranes ≥18 hours, maternal fever, or prematurity). Of the 117 hospitals with formal policies, 62 (53%) used the screening-based approach, 37 (31%) followed the risk-based strategy, and 16 (14%) reported recommending a combination of risk-based and screening-based strategies (Table 1). Of the hospitals that recommended an agent for intrapartum antibiotics, 87 (80%) of 109 recommended penicillin compared with 56 (60%) of 95 hospitals in 1997 (McNemar's test; p=0.04). In 1999, of the hospitals that recommended an agent for patients allergic to penicillin, 81 (76%) of 106 recommended clindamycin. In 1999, 95 (59%) of 184 hospital laboratories used selective broth media to culture GBS compared with 76 (47%) of 161 laboratories in 1997 (McNemar's test; p=0.11).

In 1999, 89 (82%) of 108 hospitals provided information about the GBS policy to physicians and nursing staff; 49 (43%) of 115 provided information to patients. In 1999, 123 (76%) of 162 hospitals that used standardized forms included GBS screening results versus 76 (45%) of 170 hospitals in 1997 (McNemar's test; p=0.016) (Table 2). The use of standing orders for GBS prophylaxis also increased significantly from 65 (37%) of 176 hospitals to 88 (48%) of 182 hospitals in 1999 (McNemar's test; p=0.02).

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TABLE 2. Prenatal laboratory or clinical information associated with group B streptococcal (GBS) disease included in a field on standard forms used in labor and delivery — Active Bacterial Core Surveillance of the Emerging Infections Program Network, selected states*, 1997 and 1999

Standardized forms and specific field contents	1997			1999			
	No. with field	(%)	Total respondents	No. with field	(%)	Total respondents	p-value†
Standardized forms	170	(96.0)	177	168	(91.8)	183	0.14
GBS screening results	76	(44.7)	170	123	(75.9)	162	0.016
Previous infant with GBS disease	—§	—	—	52	(32.1)	162	—
GBS bacteriuria	—	—	—	53	(32.7)	162	—
Hepatitis B	139	(81.8)	139	148	(91.4)	162	0.035
Human immunodeficiency virus	—	—	—	128	(79.0)	162	—
Rh status	161	(94.7)	170	157	(96.9)	162	0.75
Rubella	—	—	—	147	(90.7)	162	—
Standing orders for GBS prophylaxis	65	(36.9)	65	88	(48.4)	162	0.02

* California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee.
† McNemar's test.
§ No data available.

Perinatal Group B Streptococcal Disease — Continued

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Editorial Note: Although the proportion of hospitals with formal GBS prevention policies was unchanged during the study period, neonatal GBS disease declined between 1997 and 1999 (*8,9*). Increased compliance with hospital policies or increased efforts by health-care providers in hospitals that have no institutional policies may account for this discrepancy (*10*). Provider surveys in two states indicated that >90% of obstetricians had GBS prevention protocols by 1998 (*10*). Further decreases in GBS incidence are possible if additional hospitals adopt policies.

More hospitals have adopted a systemwide approach to the prevention of GBS; approximately half the hospitals surveyed use standing orders for prophylaxis and one third had forms to simplify recognition of mothers at risk for transmitting GBS to their infants. Documentation of the critical elements of a GBS prevention protocol can facilitate recognition of candidates for intrapartum prophylaxis and improve compliance and policy success.

The findings in this report are subject to at least three limitations. First, although the survey achieved a high response rate, hospitals within an active surveillance system were surveyed, and most respondents previously had been surveyed. Second, the policies of these facilities may not be generalizable to hospitals in other locations. Third, the results represent the reported policies of the obstetric programs; the services provided were not measured directly.

Antibiotic chemoprophylaxis during the intrapartum period has contributed substantially to the decrease in early-onset GBS disease (*8,9*). However, with 10%–30% of pregnant women colonized with GBS at any given time (*2*), continued adherence to prophylaxis recommendations is needed. Improved adherence may be facilitated by educating women about GBS prevention. Educational material and order forms for other information for prenatal-care providers and patients are available on the World-Wide Web, http://www.cdc.gov/ncidod/dbmd/gbs or from CDC's National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, Health Communications Activity, A-49, 1600 Clifton Rd, N.E., Atlanta, GA 30333. Orders for multiple copies are available at Public Health Foundation, 1220 L Street, N.W., Suite 350, Washington, DC 20005, telephone (877) 252-1200, or are available on the World-Wide Web, http://www.phf.org.

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Perinatal Group B Streptococcal Disease — Continued

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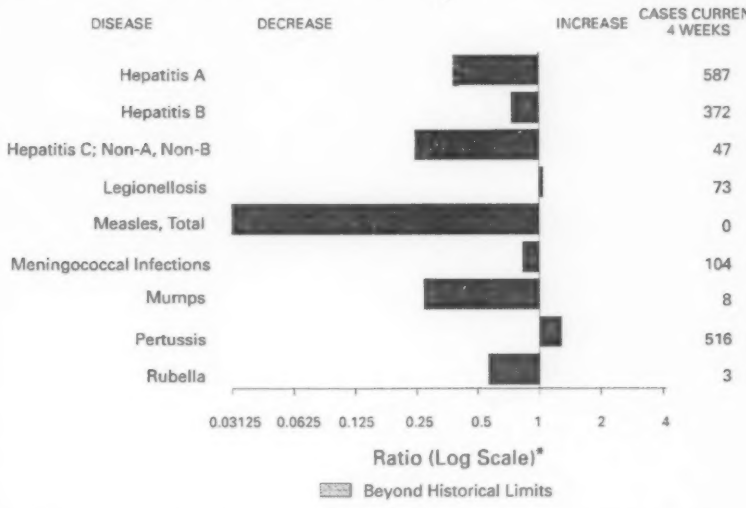
Erratum: Vol 49, No. 40

In the article, "Outbreak of Rift Valley Fever — Saudi Arabia, August–October, 2000" on page 907, three names were misspelled in the "Reported by" section. The correct spellings are *G Al Gasabi*, Ministry of Health, Saudi Arabia; *T Madani*, Ministry of Health, Saudi Arabia; and *YY Al Mazrou*, Laboratories and Blood Banks, Riyadh.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending October 14, 2000, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending October 14, 2000 (41st Week)

	Cum. 2000		Cum. 2000
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	54	Psittacosis*	9
Cholera	2	Q fever*	16
Cyclosporiasis*	37	Rabies, human	1
Diphtheria	1	Rocky Mountain spotted fever (RMSF)	362
Ehrlichiosis: human granulocytic (HGE)*	144	Rubella, congenital syndrome	6
human monocytic (HME)*	93	Streptococcal disease, invasive, group A	2,279
Encephalitis: California serogroup viral*	89	Streptococcal toxic-shock syndrome*	62
eastern equine*	-	Syphilis, congenital†	173
St. Louis*	2	Tetanus	19
western equine*	-	Toxic-shock syndrome	123
Hansen disease (leprosy)*	47	Trichinosis	16
Hantavirus pulmonary syndrome*†	27	Tularemia*	102
Hemolytic uremic syndrome, postdiarrheal*	146	Typhoid fever	269
HIV infection, pediatric*§	170	Yellow fever	-
Plague	5		

-: No reported cases.
*Not notifiable in all states.
†Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update September 24, 2000.
¶Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 14, 2000, and October 16, 1999 (41st Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	30,346	33,919	525,008	515,942	1,966	2,135	3,662	2,944	2,406	2,282
NEW ENGLAND	1,599	1,676	16,430	16,624	88	156	330	355	313	331
Maine	27	55	1,163	782	17	23	24	34	25	-
N.H.	28	38	809	766	20	17	32	28	28	29
Vt.	22	13	414	376	24	32	31	31	31	19
Mass.	1,008	1,094	6,901	7,080	24	60	139	157	145	170
R.I.	78	77	2,004	1,813	3	3	18	24	12	26
Conn.	438	399	5,139	5,797	-	21	86	81	72	87
MID. ATLANTIC	6,780	8,675	44,673	52,397	144	443	346	250	196	109
Upstate N.Y.	692	957	N	N	98	121	247	186	38	-
N.Y. City	3,619	4,588	19,956	21,799	9	207	10	17	9	17
N.J.	1,336	1,608	6,468	9,674	9	33	89	47	89	55
Pa.	1,133	1,522	18,249	20,924	28	82	N	N	60	37
E.N. CENTRAL	2,871	2,304	81,198	85,849	644	549	808	843	454	439
Ohio	427	376	20,659	23,239	210	47	219	183	165	175
Ind.	286	257	9,781	9,573	54	34	115	72	71	56
Ill.	1,569	1,104	22,219	25,578	7	81	160	481	-	81
Mich.	437	454	19,541	16,803	85	43	121	107	82	74
Wis.	152	113	8,998	10,656	288	344	193	N	136	54
W.N. CENTRAL	681	762	28,250	29,494	257	175	585	452	412	485
Minn.	130	138	5,544	5,936	58	66	151	146	139	166
Iowa	70	68	3,704	3,466	69	51	171	99	76	72
Mo.	316	370	9,384	10,595	26	21	117	36	82	55
N. Dak.	2	6	577	716	9	16	15	16	17	16
S. Dak.	7	13	1,409	1,228	15	6	51	40	52	57
Nebr.	53	57	2,977	2,743	72	13	57	89	32	108
Kans.	103	110	4,655	4,810	8	2	23	26	14	12
S. ATLANTIC	8,394	9,346	100,668	109,165	376	315	310	264	185	160
Del.	156	128	2,279	2,134	5	-	1	6	1	3
Md.	1,060	1,113	10,656	10,167	10	14	27	27	1	2
D.C.	570	408	2,559	N	15	7	1	-	U	U
Va.	574	600	12,375	11,500	15	21	57	62	50	52
W. Va.	47	53	1,379	1,430	3	3	14	11	10	6
N.C.	529	632	17,704	17,832	21	19	75	59	58	49
S.C.	660	790	8,091	14,735	-	-	21	18	14	14
Ga.	983	1,377	19,932	26,418	134	115	37	27	26	1
Fla.	3,815	4,245	25,693	24,949	173	136	77	54	25	33
E.S. CENTRAL	1,533	1,530	38,145	36,512	41	28	112	114	80	91
Ky.	160	220	6,283	5,916	5	6	38	36	27	28
Tenn.	657	585	11,385	11,296	10	10	49	50	38	39
Ala.	397	398	12,284	10,107	15	10	8	21	7	20
Miss.	319	327	8,193	9,193	11	2	17	8	8	4
W.S. CENTRAL	3,049	3,507	78,895	72,543	83	72	160	100	188	129
Ark.	150	131	4,683	4,838	10	1	55	12	30	12
La.	510	663	14,511	13,132	10	22	9	12	42	13
Okla.	257	102	6,713	6,372	15	8	17	19	11	20
Tex.	2,132	2,611	52,988	48,201	48	41	79	57	105	84
MOUNTAIN	1,131	1,339	29,134	26,571	136	83	366	249	196	198
Mont.	12	8	1,023	1,195	10	10	30	20	-	-
Idaho	19	19	1,446	1,375	13	7	61	39	-	21
Wyo.	7	10	611	608	5	1	15	14	2	14
Colo.	258	235	8,340	5,303	60	11	135	94	86	81
N. Mex.	116	74	3,685	3,965	15	37	20	11	15	5
Ariz.	367	694	9,444	9,855	11	10	43	27	32	19
Utah	112	116	1,626	1,714	18	N	50	30	61	43
Nev.	240	183	2,959	2,556	4	7	12	14	-	15
PACIFIC	4,308	4,780	87,615	86,787	197	314	645	317	382	340
Wash.	394	281	9,877	9,345	N	N	195	128	173	159
Oreg.	113	151	3,754	4,885	16	87	143	58	103	66
Calif.	3,693	4,274	69,732	68,523	181	227	269	118	96	105
Alaska	15	13	1,930	1,515	-	-	24	1	1	1
Hawaii	93	61	2,322	2,519	-	-	14	12	10	10
Guam	15	11	-	393	-	-	N	N	U	U
P.R.	1,028	1,013	3,119	U	-	-	6	5	U	U
V.I.	27	25	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

† Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update September 24, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending October 14, 2000, and October 16, 1999 (41st Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2000[2]	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	263,914	282,668	2,420	2,244	758	787	559	10,843	12,496
NEW ENGLAND	4,575	5,247	14	14	44	65	42	3,565	3,760
Maine	72	61	2	2	2	3	2	-	41
N.H.	83	89	-	-	2	6	2	54	15
Vt.	53	37	4	6	5	13	3	22	18
Mass.	1,863	1,960	3	3	12	25	21	922	692
R.I.	491	469	5	3	8	7	1	417	401
Conn.	2,013	2,631	-	-	15	11	13	2,150	2,593
MID. ATLANTIC	27,468	31,617	444	102	160	191	134	5,625	6,584
Upstate N.Y.	5,512	5,377	57	48	65	50	72	3,044	3,016
N.Y. City	8,681	9,973	-	-	-	33	23	17	131
N.J.	4,750	6,098	352	-	14	15	21	1,378	1,480
Pa.	8,525	10,169	35	54	81	93	18	1,186	1,957
E.N. CENTRAL	49,221	53,876	176	777	192	219	90	299	550
Ohio	12,307	14,156	9	3	89	61	44	77	41
Ind.	4,616	5,108	1	1	33	34	8	30	17
Ill.	15,075	18,075	13	42	9	29	11	11	17
Mich.	13,560	11,836	153	715	38	56	24	-	11
Wis.	3,663	4,701	-	16	23	39	3	181	464
W.N. CENTRAL	12,646	12,874	488	202	58	44	13	274	266
Minn.	2,208	2,244	5	7	7	6	5	187	162
Iowa	842	943	1	-	13	12	3	23	21
Mo.	6,074	6,230	467	192	28	16	4	43	59
N. Dak.	35	70	-	-	-	1	1	1	1
S. Dak.	236	141	-	-	2	3	-	-	-
Nebr.	1,161	1,184	6	3	4	6	-	4	10
Kans.	2,090	2,062	9	-	4	-	-	16	13
S. ATLANTIC	74,759	82,632	102	141	157	108	92	850	1,072
Del.	1,350	1,345	-	-	8	14	1	140	93
Md.	7,388	7,635	18	19	52	25	19	464	763
D.C.	2,069	2,952	3	1	4	3	-	5	4
Va.	8,156	7,547	3	10	30	26	7	128	106
W. Va.	451	456	14	17	N	N	3	26	16
N.C.	14,478	15,841	13	32	13	13	-	42	63
S.C.	10,193	11,235	2	22	4	7	9	7	4
Ga.	12,865	17,822	3	1	6	1	21	-	-
Fla.	17,809	17,799	46	39	40	19	32	38	23
E.S. CENTRAL	27,777	29,268	348	237	28	42	17	44	87
Ky.	2,777	2,686	30	15	15	15	3	10	16
Tenn.	9,115	9,101	79	89	11	21	10	28	48
Ala.	9,560	9,037	7	1	2	4	4	6	19
Miss.	6,325	8,444	232	132	-	2	-	-	4
W.S. CENTRAL	41,423	41,790	404	443	15	10	14	36	46
Ark.	2,526	2,627	9	24	-	1	1	4	4
La.	10,752	10,561	290	263	6	5	-	3	8
Okla.	2,989	3,118	7	15	2	3	6	-	7
Tex.	25,156	25,484	98	141	7	1	7	29	27
MOUNTAIN	7,914	7,612	277	154	35	40	26	28	13
Mont.	31	39	4	5	1	-	-	-	-
Idaho	66	69	3	6	5	2	-	3	3
Wyo.	41	23	207	40	2	-	1	9	3
Colo.	2,474	1,938	21	29	12	11	5	10	2
N. Mex.	820	778	13	27	1	1	1	-	1
Ariz.	3,155	3,543	16	33	7	6	12	-	-
Utah	166	170	1	6	7	14	4	2	2
Nev.	1,162	1,052	12	8	-	6	3	4	2
PACIFIC	18,131	17,752	167	174	69	68	131	122	118
Wash.	1,770	1,622	26	14	16	15	5	7	7
Oreg.	525	705	26	14	N	N	5	11	12
Calif.	15,259	14,826	113	146	53	52	118	102	99
Alaska	274	245	-	-	-	1	-	2	-
Hawaii	303	354	2	-	-	-	3	N	N
Guam	-	43	-	1	-	-	-	-	-
P.R.	537	268	1	-	1	-	-	N	N
V.I.	U	U	U	U	U	U	-	U	U
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	U	U	U	U	U	U	-	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending October 14, 2000, and October 16, 1999 (41st Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	951	1,158	4,745	5,371	28,373	30,385	22,288	27,170
NEW ENGLAND	53	51	663	708	1,821	1,814	1,664	1,844
Maine	6	3	107	133	107	115	78	93
N.H.	1	2	19	43	116	115	101	112
Vt.	2	4	50	84	98	80	107	69
Mass.	19	16	218	169	1,026	977	920	995
R.I.	8	4	51	76	117	105	114	137
Conn.	17	22	218	203	357	422	344	438
MID. ATLANTIC	187	333	868	1,033	3,226	4,082	3,282	4,283
Upstate N.Y.	64	54	598	736	987	1,035	971	1,103
N.Y. City	67	192	U	U	737	1,201	723	1,235
N.J.	31	47	156	156	685	824	444	937
Pa.	25	40	114	141	817	1,022	1,144	1,008
E.N. CENTRAL	98	141	136	152	4,030	4,390	2,517	3,928
Ohio	17	18	46	32	1,114	1,018	1,004	900
Ind.	4	19	-	12	515	412	462	399
Ill.	42	63	21	10	1,155	1,360	1	1,320
Mich.	25	34	61	79	716	816	720	825
Wis.	10	7	8	19	530	784	330	484
W.N. CENTRAL	40	63	452	619	1,946	1,864	1,823	2,037
Minn.	13	33	74	89	402	494	498	612
Iowa	3	13	70	130	306	209	185	190
Mo.	8	12	44	26	617	585	697	732
N. Dak.	2	-	105	127	48	40	63	53
S. Dak.	1	-	75	153	83	80	92	105
Nebr.	7	1	2	4	188	167	50	143
Kans.	6	4	82	90	302	289	238	202
S. ATLANTIC	263	280	1,914	1,750	6,418	6,778	4,016	5,355
Del.	4	1	42	49	90	132	106	129
Md.	83	80	332	331	681	701	600	750
D.C.	15	16	-	-	52	67	U	U
Va.	46	57	435	450	808	1,063	697	892
W. Va.	3	2	100	95	136	143	120	133
N.C.	30	26	467	372	885	1,021	806	1,126
S.C.	2	13	136	123	593	504	436	411
Ga.	19	21	272	178	1,176	1,115	1,155	1,368
Fla.	61	64	130	152	1,997	2,032	96	546
E.S. CENTRAL	39	23	169	219	1,745	1,649	1,184	1,191
Ky.	15	7	19	33	315	326	209	221
Tenn.	10	8	88	78	482	457	482	490
Ala.	13	7	62	107	531	482	423	401
Miss.	1	1	-	1	417	384	70	79
W.S. CENTRAL	18	15	70	391	2,496	2,978	2,818	2,230
Ark.	3	3	20	14	584	529	329	178
La.	7	10	-	-	248	619	485	466
Okla.	8	2	50	81	332	374	205	292
Tex.	-	-	-	296	1,332	1,456	1,799	1,294
MOUNTAIN	40	38	219	184	2,314	2,446	1,675	2,170
Mont.	1	4	60	52	77	50	-	1
Idaho	3	3	9	-	101	89	-	87
Wyo.	-	1	47	41	52	53	32	48
Colo.	21	15	-	1	620	621	550	611
N. Mex.	-	2	19	8	194	327	167	256
Ariz.	7	6	66	69	644	732	550	668
Utah	4	4	10	7	405	414	376	450
Nev.	4	3	8	6	221	160	-	49
PACIFIC	213	214	254	315	4,377	4,384	3,309	4,132
Wash.	24	22	-	-	473	523	547	708
Oreg.	35	19	7	3	257	362	301	404
Calif.	149	161	226	305	3,398	3,164	2,271	2,752
Alaska	-	1	21	7	56	50	23	31
Hawaii	5	11	-	-	193	285	167	237
Guam	-	-	-	-	-	34	U	U
P.R.	4	-	67	67	454	462	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending October 14, 2000, and October 16, 1999 (41st Week)

Reporting Area	Shigellosis* NETSS Cum. 2000	Shigellosis* NETSS Cum. 1999	Shigellosis* PHLIS Cum. 2000	Shigellosis* PHLIS Cum. 1999	Syphilis (Primary & Secondary) Cum. 2000	Syphilis (Primary & Secondary) Cum. 1999	Tuberculosis Cum. 2000	Tuberculosis Cum. 1999
UNITED STATES	15,561	12,789	7,749	7,739	4,684	5,348	9,593	12,225
NEW ENGLAND	323	685	304	653	54	48	323	333
Maine	11	5	12	-	1	-	12	13
N.H.	5	16	8	14	1	1	15	10
Vt.	4	6	-	4	-	3	4	2
Mass.	227	584	208	564	35	26	193	190
R.I.	24	22	28	17	4	2	27	33
Conn.	52	52	48	54	13	16	72	86
MID. ATLANTIC	1,692	846	1,032	597	217	235	1,793	2,043
Upstate N.Y.	623	231	180	59	12	17	232	255
N.Y. City	623	282	426	205	101	98	983	1,051
N.J.	270	199	235	185	41	56	417	421
Pa.	176	134	191	148	63	64	161	316
E.N. CENTRAL	3,187	2,404	899	1,284	893	979	984	1,305
Ohio	291	354	213	119	63	71	205	207
Ind.	1,337	237	133	91	295	345	80	107
Ill.	816	978	2	736	279	342	485	660
Mich.	547	353	504	278	218	185	146	251
Wis.	196	482	47	60	38	36	68	80
W.N. CENTRAL	1,791	974	1,402	655	49	111	363	404
Minn.	508	192	614	210	9	9	119	149
Iowa	433	45	217	40	10	9	27	37
Mo.	560	607	391	304	23	77	146	152
N. Dak.	16	3	37	2	-	-	2	6
S. Dak.	6	13	4	6	-	-	14	12
Nebr.	105	69	49	57	2	6	18	15
Kans.	163	45	90	36	5	10	37	33
S. ATLANTIC	2,376	1,925	785	443	1,552	1,718	2,047	2,471
Del.	18	13	19	8	8	8	-	23
Md.	172	133	89	46	232	309	196	212
D.C.	67	46	U	U	39	43	23	37
Va.	366	109	259	53	107	124	339	221
W. Va.	4	8	3	5	2	4	23	35
N.C.	259	167	201	76	400	400	228	364
S.C.	107	101	74	54	164	218	104	206
Ga.	193	183	78	69	294	342	455	480
Fla.	1,190	1,165	62	132	306	270	679	893
E.S. CENTRAL	817	1,007	367	602	712	933	607	822
Ky.	338	212	59	137	65	81	96	146
Tenn.	277	591	269	400	426	527	264	287
Ala.	58	98	36	55	101	181	247	243
Miss.	144	106	3	10	120	144	-	146
W.S. CENTRAL	1,743	2,096	2,000	917	654	850	861	1,602
Ark.	168	70	44	23	77	57	145	135
La.	133	172	138	104	177	250	74	148
Okla.	94	462	31	148	105	157	108	140
Tex.	1,348	1,392	1,787	642	295	386	534	1,179
MOUNTAIN	966	841	510	587	190	187	387	413
Mont.	7	7	-	-	-	1	14	10
Idaho	43	22	-	9	1	1	10	12
Wyo.	5	3	2	1	1	-	2	3
Colo.	208	156	135	120	10	2	57	56
N. Mex.	122	101	67	82	20	9	29	48
Ariz.	407	423	235	315	153	168	166	177
Utah	68	49	71	54	1	2	38	31
Nev.	106	80	-	6	4	4	71	76
PACIFIC	2,666	2,011	450	2,001	363	287	2,228	2,832
Wash.	390	93	339	91	53	57	185	197
Oreg.	149	73	84	68	5	6	25	89
Calif.	2,085	1,818	-	1,814	304	220	1,839	2,365
Alaska	8	2	3	2	-	1	78	42
Hawaii	34	25	24	26	1	3	101	139
Guam	-	15	U	U	-	-	-	56
P.R.	23	124	U	U	122	130	238	161
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

*Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending October 14, 2000, and October 16, 1999 (41st Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	902	956	9,470	12,970	5,370	5,458	-	54	-	18	72	80
NEW ENGLAND	77	74	276	260	81	122	-	2	-	4	6	11
Maine	1	5	15	11	5	1	-	-	-	-	-	-
N.H.	12	14	18	14	15	13	-	2	-	1	3	1
Vt.	6	5	8	16	6	3	-	-	-	3	3	-
Mass.	36	29	107	98	9	40	-	-	-	-	-	8
R.I.	4	5	22	14	18	27	-	-	-	-	-	-
Conn.	18	16	106	107	28	38	-	-	-	-	-	2
MID. ATLANTIC	147	162	922	973	765	694	-	14	-	5	19	5
Upstate N.Y.	79	65	186	214	114	150	-	9	-	-	9	2
N.Y. City	30	52	271	325	357	212	-	5	-	4	9	3
N.J.	29	40	158	123	105	106	-	-	-	-	-	-
Pa.	9	5	307	311	189	226	-	-	-	1	1	-
E.N. CENTRAL	117	157	1,110	2,430	556	588	-	8	-	-	8	2
Ohio	44	51	220	537	88	78	-	2	-	-	2	-
Ind.	26	20	89	86	41	35	-	-	-	-	-	1
Ill.	40	65	410	631	100	52	-	4	-	-	4	-
Mich.	7	16	378	1,109	326	396	-	2	-	-	2	1
Wis.	-	5	13	67	1	27	-	-	-	-	-	-
W.N. CENTRAL	59	59	695	635	565	217	-	2	-	1	3	1
Minn.	32	38	173	63	35	40	-	-	-	1	1	1
Iowa	1	2	62	115	27	36	-	2	-	-	2	-
Mo.	17	6	335	381	446	117	-	-	-	-	-	-
N. Dak.	1	1	3	2	2	-	-	-	-	-	-	-
S. Dak.	1	2	1	8	1	1	-	-	-	-	-	-
Nebr.	3	4	30	43	33	16	-	-	-	-	-	-
Kans.	4	6	91	23	21	7	-	-	-	-	-	-
S. ATLANTIC	238	204	1,181	1,501	994	903	-	3	-	-	3	14
Del.	-	-	-	2	-	1	-	-	-	-	-	-
Md.	62	53	184	254	92	124	-	-	-	-	-	-
D.C.	-	4	20	54	27	22	-	-	-	-	-	-
Va.	35	16	120	138	129	74	-	2	-	-	2	12
W. Va.	7	7	52	33	10	22	-	-	-	-	-	-
N.C.	20	29	117	132	188	194	-	-	-	-	-	-
S.C.	13	5	61	40	13	61	-	-	-	-	-	-
Ga.	56	55	224	401	162	134	-	-	-	-	-	-
Fla.	45	35	403	447	373	271	-	1	-	-	1	2
E.S. CENTRAL	39	53	317	321	360	382	-	-	-	-	-	2
Ky.	12	6	40	59	60	36	-	-	-	-	-	2
Tenn.	18	29	118	125	174	187	-	-	-	-	-	-
Ala.	8	15	47	45	45	72	-	-	-	-	-	-
Miss.	1	3	112	92	81	87	-	-	-	-	-	-
W.S. CENTRAL	56	54	1,502	2,546	617	948	-	-	-	-	-	9
Ark.	2	2	104	42	71	62	-	-	-	-	-	2
La.	11	12	55	190	87	154	-	-	-	-	-	-
Okla.	41	36	222	420	125	120	-	-	-	-	-	-
Tex.	2	4	1,121	1,894	334	612	-	-	-	-	-	7
MOUNTAIN	83	92	787	1,032	425	469	-	11	-	1	12	1
Mont.	1	2	6	17	7	17	-	-	-	-	-	-
Idaho	4	1	22	35	7	25	-	-	-	-	-	-
Wyo.	1	1	39	8	24	12	-	-	-	-	-	-
Colo.	12	13	167	191	80	81	-	1	-	1	2	-
N. Mex.	18	18	61	42	89	149	-	-	-	-	-	-
Ariz.	37	48	393	574	159	117	-	-	-	-	-	1
Utah	8	6	45	44	19	26	-	3	-	-	3	-
Nev.	2	3	54	121	40	42	-	7	-	-	7	-
PACIFIC	86	101	2,680	3,272	1,007	1,135	-	14	-	7	21	35
Wash.	5	5	239	272	90	57	-	2	-	1	3	5
Oreg.	24	33	145	210	84	89	-	-	-	-	-	12
Calif.	28	50	2,274	2,761	815	961	-	11	-	3	14	17
Alaska	6	5	9	10	8	15	-	1	-	-	1	-
Hawaii	23	8	13	19	10	13	-	-	-	3	3	1
Guam	-	-	-	1	-	2	U	-	U	-	-	1
P.R.	4	2	197	260	208	190	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
†Of 183 cases among children aged <5 years, serotype was reported for 78 and of those, 20 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending October 14, 2000, and October 16, 1999 (41st Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	1,674	1,941	-	273	292	119	5,005	4,939	2	127	237
NEW ENGLAND	109	92	-	4	6	17	1,182	590	-	12	7
Maine	9	5	-	-	-	-	35	-	-	-	-
N.H.	11	11	-	-	1	10	97	79	-	2	-
Vt.	3	4	-	-	1	2	192	53	-	-	-
Mass.	61	54	-	1	4	3	802	418	-	8	7
R.I.	9	4	-	1	-	2	16	24	-	1	-
Conn.	16	14	-	2	-	-	40	16	-	1	-
MID. ATLANTIC	158	182	-	20	36	23	504	784	-	9	31
Upstate N.Y.	54	54	-	9	7	23	251	601	-	2	18
N.Y. City	31	50	-	4	11	-	44	47	-	7	6
N.J.	34	41	-	3	1	-	36	22	-	-	4
Pa.	39	37	-	4	17	-	174	114	-	-	3
E.N. CENTRAL	282	348	-	28	39	6	528	431	-	1	2
Ohio	72	117	-	7	14	-	265	173	-	-	-
Ind.	41	51	-	1	4	4	86	54	-	-	1
Ill.	64	94	-	6	9	-	59	67	-	1	1
Mich.	86	53	-	14	8	2	64	48	-	-	-
Wis.	20	33	-	-	4	-	56	89	-	-	-
W.N. CENTRAL	152	193	-	19	11	29	446	362	1	2	126
Minn.	18	44	-	-	1	22	270	187	-	-	5
Iowa	26	34	-	7	6	-	44	52	-	-	30
Mo.	87	71	-	5	1	7	64	59	1	1	2
N. Dak.	2	3	-	-	-	-	6	4	-	-	-
S. Dak.	5	11	-	-	-	-	4	5	-	-	-
Nebr.	7	10	-	4	-	-	25	4	-	1	89
Kans.	7	20	-	3	3	-	33	51	-	-	-
S. ATLANTIC	267	323	-	41	41	4	390	345	1	74	35
Del.	1	10	-	-	-	-	8	5	1	1	-
Md.	25	48	-	10	3	1	90	107	-	-	1
D.C.	-	3	-	-	2	-	3	-	-	-	-
Va.	37	44	-	9	9	3	90	19	-	-	-
W. Va.	12	6	-	-	-	-	1	3	-	-	-
N.C.	32	37	-	5	8	-	77	88	-	64	34
S.C.	20	41	-	10	4	-	27	15	-	7	-
Ga.	41	52	-	2	4	-	35	35	-	-	-
Fla.	99	82	-	5	11	-	59	73	-	2	-
E.S. CENTRAL	113	135	-	7	11	-	91	82	-	5	2
Ky.	24	27	-	1	-	-	44	25	-	1	-
Tenn.	47	54	-	2	-	-	28	34	-	1	-
Ala.	32	33	-	2	8	-	18	20	-	3	2
Miss.	10	21	-	2	3	-	1	3	-	-	-
W.S. CENTRAL	113	189	-	24	38	5	285	181	-	5	14
Ark.	12	31	-	2	-	-	31	22	-	-	5
La.	35	59	-	4	10	-	12	9	-	1	-
Okla.	25	28	-	-	1	5	19	33	-	-	1
Tex.	41	71	-	18	27	-	223	117	-	4	8
MOUNTAIN	120	121	-	19	22	11	645	611	-	2	16
Mont.	4	2	-	1	-	-	35	2	-	-	-
Idaho	7	9	-	-	1	2	58	134	-	-	-
Wyo.	-	4	-	2	-	-	6	2	-	-	-
Colo.	30	32	-	1	6	9	368	231	-	1	1
N. Mex.	8	13	-	1	N	-	79	86	-	-	-
Ariz.	61	40	-	4	7	-	70	95	-	1	13
Utah	7	14	-	4	3	-	17	55	-	-	1
Nev.	3	7	-	6	5	-	12	6	-	-	1
PACIFIC	360	358	-	111	88	24	934	1,553	-	17	4
Wash.	47	59	-	10	2	22	326	611	-	7	-
Oreg.	57	63	N	N	N	-	103	44	-	-	-
Calif.	240	224	-	80	71	2	456	860	-	10	4
Alaska	8	6	-	7	2	-	20	4	-	-	-
Hawaii	8	6	-	14	13	-	29	34	-	-	-
Guam	-	1	U	-	3	U	-	2	U	-	-
P.R.	9	10	-	-	-	1	5	21	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.

TABLE IV. Deaths in 122 U.S. cities,* week ending October 14, 2000 (41st Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	579	404	114	38	10	13	63
Boston, Mass.	168	106	41	7	5	9	21
Bridgeport, Conn.	33	24	8	1	-	-	-
Cambridge, Mass.	23	17	4	2	-	-	-
Fall River, Mass.	39	31	5	1	2	-	4
Hartford, Conn.	50	30	11	5	1	3	6
Lowell, Mass.	18	14	3	1	-	-	3
Lynn, Mass.	10	8	-	2	-	-	-
New Bedford, Mass.	18	15	3	-	-	-	-
New Haven, Conn.	40	27	5	6	1	1	2
Providence, R.I.	49	33	12	4	-	-	5
Somerville, Mass.	2	1	1	-	-	-	-
Springfield, Mass.	52	36	12	3	1	-	8
Waterbury, Conn.	16	11	3	2	-	-	1
Worcester, Mass.	61	51	6	4	-	-	13
MID. ATLANTIC	2,125	1,441	441	165	44	32	94
Albany, N.Y.	55	37	12	4	-	2	1
Allentown, Pa.	29	25	4	-	-	-	3
Buffalo, N.Y.	73	53	14	5	-	1	4
Camden, N.J.	29	12	9	3	1	4	1
Elizabeth, N.J.	22	14	2	6	-	-	-
Erie, Pa.§	43	38	2	3	-	-	2
Jersey City, N.J.	55	38	5	5	7	-	-
New York City, N.Y.	1,070	700	253	87	19	10	39
Newark, N.J.	50	22	18	4	3	2	2
Paterson, N.J.	11	5	4	2	-	-	2
Philadelphia, Pa.	256	165	58	26	6	1	12
Pittsburgh, Pa.§	47	40	3	3	-	1	6
Reading, Pa.	33	27	5	1	-	-	3
Rochester, N.Y.	140	107	14	10	5	4	4
Schenectady, N.Y.	19	18	-	1	-	-	1
Scranton, Pa.§	31	25	6	-	-	-	1
Syracuse, N.Y.	131	91	28	4	3	5	12
Trenton, N.J.	16	11	3	-	-	2	-
Utica, N.Y.	15	13	1	1	-	-	1
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,955	1,296	395	153	54	54	152
Akron, Ohio	55	36	14	3	2	1	5
Canton, Ohio	38	25	7	3	1	2	2
Chicago, Ill.	360	207	82	46	12	11	35
Cincinnati, Ohio	56	36	13	3	4	-	1
Cleveland, Ohio	118	76	27	7	2	6	3
Columbus, Ohio	176	114	41	13	2	6	16
Dayton, Ohio	107	80	17	6	2	2	9
Detroit, Mich.	196	108	53	19	11	5	16
Evansville, Ind.	43	29	10	3	1	-	5
Fort Wayne, Ind.	57	41	11	3	2	-	5
Gary, Ind.	23	13	6	3	-	1	3
Grand Rapids, Mich.	55	44	3	6	-	2	5
Indianapolis, Ind.	180	124	34	8	4	10	6
Lansing, Mich.	52	34	9	6	1	2	3
Milwaukee, Wis.	109	85	18	4	2	-	14
Peoria, Ill.	55	36	13	1	2	3	4
Rockford, Ill.	61	45	6	4	3	3	4
South Bend, Ind.	47	34	9	3	1	-	3
Toledo, Ohio	109	82	17	9	1	-	10
Youngstown, Ohio	58	48	5	4	1	-	3
W.N. CENTRAL	767	541	150	43	18	15	53
Des Moines, Iowa	62	46	13	1	-	2	6
Duluth, Minn.	23	20	3	-	-	-	2
Kansas City, Kans.	29	16	9	2	1	1	1
Kansas City, Mo.	102	67	16	7	5	7	6
Lincoln, Nebr.	29	20	8	1	-	-	3
Minneapolis, Minn.	183	135	32	12	4	-	16
Omaha, Nebr.	73	56	14	2	-	1	4
St. Louis, Mo.	94	57	23	8	4	2	-
St. Paul, Minn.	103	76	18	6	3	-	7
Wichita, Kans.	69	48	14	4	1	2	8

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	969	628	214	78	30	21	67
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	194	120	47	18	5	4	21
Charlotte, N.C.	73	46	20	5	2	1	8
Jacksonville, Fla.	129	79	32	13	4	1	9
Miami, Fla.	102	70	15	12	3	2	6
Norfolk, Va.	46	25	9	5	2	5	2
Richmond, Va.	57	39	10	5	2	1	2
Savannah, Ga.	33	23	8	1	-	1	2
St. Petersburg, Fla.	58	48	7	2	-	1	5
Tampa, Fla.	165	115	37	5	4	4	11
Washington, D.C.	99	51	29	10	8	1	1
Wilmington, Del.	13	13	-	-	-	-	-
E.S. CENTRAL	734	492	170	45	18	9	31
Birmingham, Ala.	130	89	25	8	7	1	5
Chattanooga, Tenn.	43	33	6	1	2	1	1
Knoxville, Tenn.	100	71	23	6	-	-	2
Lexington, Ky.	59	37	16	5	-	1	4
Memphis, Tenn.	164	105	44	10	3	2	7
Mobile, Ala.	74	50	15	6	2	1	2
Montgomery, Ala.	36	29	8	1	-	-	4
Nashville, Tenn.	126	78	33	8	4	3	6
W.S. CENTRAL	1,534	973	322	127	68	43	104
Austin, Tex.	84	58	17	5	3	1	6
Baton Rouge, La.	70	37	23	5	3	2	-
Corpus Christi, Tex.	58	35	14	5	1	3	7
Dallas, Tex.	208	122	50	23	8	5	7
El Paso, Tex.	61	45	11	2	1	2	4
Ft. Worth, Tex.	97	66	20	5	3	3	1
Houston, Tex.	351	192	78	44	27	10	23
Little Rock, Ark.	65	35	14	8	3	5	8
New Orleans, La.	41	23	8	2	7	1	10
San Antonio, Tex.	203	146	35	11	7	4	11
Shreveport, La.	193	137	35	10	4	6	15
Tulsa, Okla.	103	77	17	7	1	1	12
MOUNTAIN	1,003	684	194	70	29	25	53
Albuquerque, N.M.	117	78	27	7	4	1	6
Boise, Idaho	35	30	3	-	-	2	3
Colo. Springs, Colo.	54	34	14	5	-	1	1
Denver, Colo.	105	68	20	7	3	7	4
Las Vegas, Nev.	180	122	42	11	1	4	8
Ogden, Utah	42	34	7	1	-	-	3
Phoenix, Ariz.	178	112	30	19	9	7	11
Pueblo, Colo.	36	28	5	1	2	-	4
Salt Lake City, Utah	128	87	29	9	2	1	9
Tucson, Ariz.	128	91	17	10	8	2	4
PACIFIC	1,356	951	249	93	30	28	123
Berkeley, Calif.	9	6	1	2	-	-	1
Fresno, Calif.	76	50	16	8	1	1	4
Glendale, Calif.	10	7	1	2	-	-	1
Honolulu, Hawaii	49	36	6	5	1	1	3
Long Beach, Calif.	68	44	14	8	1	1	6
Los Angeles, Calif.	197	136	32	15	6	8	17
Pasadena, Calif.	27	17	7	-	1	2	2
Portland, Oreg.	U	U	U	U	U	U	U
Sacramento, Calif.	165	118	33	8	4	2	18
San Diego, Calif.	168	122	30	7	2	7	11
San Francisco, Calif.	105	60	23	10	7	3	17
San Jose, Calif.	159	119	31	5	3	1	15
Santa Cruz, Calif.	16	11	3	1	1	-	2
Seattle, Wash.	134	96	24	10	2	2	7
Spokane, Wash.	66	55	6	5	-	-	9
Tacoma, Wash.	107	74	22	7	1	-	10
TOTAL	11,022¶	7,410	2,249	810	301	240	740

U: Unavailable. -:No reported cases.

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

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